

EXHIBIT A

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

X

MERRIMACK MUTUAL FIRE INSURANCE
COMPANY a/s/o WILDFLOWER ESTATE
CONDOMINIUM II,**Index No.:**

Plaintiff,

Plaintiff Designates
Queens County as
Place of Trial

-against-

THE TRAVELERS COMPANIES INC., a/k/a,
THE TRAVELERS INDEMNITY COMPANY**SUMMONS WITH NOTICE**
The basis of Venue is plaintiff's
subrogor's residence.

Defendants.

X

TO THE ABOVE NAMED DEFENDANT:

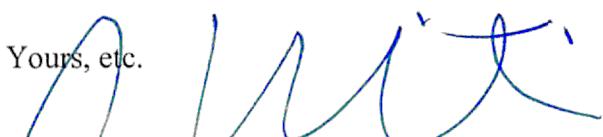
YOU ARE HEREBY SUMMONED to appear in this action by serving a notice of appearance on plaintiff's attorney within twenty days after the service of this summons, exclusive of the day of service, or within thirty days after service is complete if this summons is not personally delivered to you within the State of New York.

TAKE NOTICE THAT this is a subrogation action, stemming from the subrogor's damages that occurred due to the negligence and the intentional spoliation of evidence by defendant THE TRAVELERS COMPANIES INC., a/k/a, THE TRAVELERS INDEMNITY COMPANY, which resulted following a fire loss event on or about February 15, 2017 and an evidence inspection on April 19, 2017 (See Exhibit "A"); and that in case of your failure to appear, judgment will be taken against you by default for a reasonable sum that exceeds the jurisdictional limits of the lower Courts, and upon information and belief is at least \$290,417.84, inclusive of our insured's \$5,000 deductible, (See Exhibit "B") as well as the costs and disbursements of this action, and such other and further relief as this Court deems just and proper.

The basis of the venue designated is the plaintiff's subrogor's residence located at: 42-25 21st Street, Queens, NY 11101.

Dated: New York, New York
August 29, 2018

Yours, etc.



FAUST GOETZ SCHENKER & BLEE
By: Jeffrey Rubinstein
Attorneys for Plaintiff
Two Rector Street, 20th Floor
New York, New York 10006

(212) 363-6900
Our File No.: 14692-MMS

TO:

Via Secretary of State

THE TRAVELERS COMPANIES INC., a/k/a,
THE TRAVELERS INDEMNITY COMPANY
One Tower Square
Hartford, CT 06183

Exhibit "A"

TRAVELERS

ENGINEERING LABORATORY

CLAIMS/SPECIAL PROJECTS - EXAMINATION ATTENDANCE

LAB JOB NUMBER: G17030477

CLAIM NUMBER

H.S. 1319

INSURED: *Kamal*

LOCATION: Whitestone, NY

DATE: 04/19/17

START TIME:

END TIME:

PLEASE PRINT AND LEAVE BUSINESS CARD



Russo Consultants

Fire Investigation and Analysis Services

Gene Pietzak, IAAI-CFI - IAAI ECT
Fire Investigator

499 Jericho Tpk., Ste. 203, Mineola, NY 11501
Cell: 516 330-0372 | Office: 516 513-1388
Corporate Office: 516 294-8644 | Fax: 516 747-1009
Email: gpietzak@tjrusso.com | www.tjrusso.com

ALEXANDRA M. SANTO

TWO RECTOR STREET
NEW YORK, NY 10006
TEL: 212-363-6900
FAX: 212-363-1090

570 WEST MT. PLEASANT AVENUE
LIVINGSTON, NJ 07039
TEL: 973-422-9600
FAX: 973-422-9666
email: ASanto@fgsb.com
www.fgsb.com



Modine Manufacturing Company
Commercial Products Group

1500 DeKoven Avenue
Racine, Wisconsin 53403-2552

Tel. 952.277.9261
Fax 262.636.1665
b.e.bixby@na.modine.com

Bryan Bixby
Senior Service Technician



NATHAN R. SIAHPUSH, PE, CFEI
FORENSIC CONSULTANT

PE# E-16382 (NE)
CFEI# 17237-9498

(310) 907-6270
nsiapush@esinonwide.com



JONATHAN SIVILS, IAAI-CFI, FIT, CFEI
FIRE INVESTIGATOR

3620 HORIZON DRIVE
SUITE 200
KING OF PRUSSIA, PA 19406

PH (610) 941-5599
FAX (610) 941-1288
CELL (215) 970-3114
E-MAIL: JSIVILS@RIMKUS.COM
WWW.RIMKUS.COM



Esker F. McConnell II
Service Tech II

Modine Manufacturing Company
Commercial Products Group

1500 DeKoven Avenue
Racine, Wisconsin 53403-2552
Tel. 267.981.5698
e.f.mcconnell@na.modine.com



Kaitlin Rohoncz
Fire Investigator
Investigative Services

Krohoncz@travelers.com
travelers.com

The Travelers Companies, Inc.
3 Huntington Quadrangle
302S-A
Middletown, NY 11747
914.200.8879 cell

LGI FORENSIC ENGINEERING, P.C.

Engineers, Architects, Consultants, and Investigators

Andrew Pietropaolo, E.E., CFEI
Senior Electrical Consultant

7 Reservoir Road • North White Plains, NY 10603
C: (203) 770-9675 • T: (914)670-0208 • F: (914)670-0210
andrew@lgiforensic.com • www.lgiforensic.com



Exhibit “B”

AGENT: MACKOUL RISK SOLUTIONS LLC
25 NASSAU LANE
ISLAND PARK NY 11558

MEMO:

TYPE: SIGNLOS

MAIL TO AFFILIATED ADJUSTMENT GROUP
3000 MARCUS AVE STE 3W3
LAKE SUCCESS NY 11042-1009

NOTE: PLEASE REMOVE THIS STUB
BEFORE CASHING OR DEPOSITING.

NON-NEGOTIABLE

THE ATTACHED DRAFT IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN BELOW

52-153
112

5259614

DATE ISSUED
12/14/17

MERRIMACK MUTUAL FIRE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS

PAY *Forty nine thousand nine hundred thirty seven and 35/100 Dollars*

TO THE ORDER OF:

WILDFLOWER ESTATES CONDO II

POLICY NUMBER	MOD	LOSS DATE	AMOUNT
SBP 2149827	15	02/15/17	\$49,937.35

FOR: BUILDING SUPPLEMENTAL

AUTHORIZED SIGNATURE
Through Bank of America

INSURED/CLAIMANT WILDFLOWER ESTATES CON

CLMT L



NYSCEF DOC. NO. 13354 INDEX NO. 713354
AGENT: MACKOUL & ASSOC INC
25 NASSAU LANE
ISLAND PARK NY 11558

MEMO:

TYPE: LOSS

MAIL AFFILIATED ADJUSTMENT
TO GROUP LTD
3000 MARCUS AVE STE 3W3
LAKE SUCCESS NY 11042-1009

NOTE: PLEASE REMOVE THIS STUB
BEFORE CASHING OR DEPOSITING.

NON-NEGOTIABLE

THE ATTACHED DRAFT IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN BELOW

52-153
112

5239868

MERRIMACK MUTUAL FIRE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS

DATE ISSUED
07/24/17

PAY Seven hundred fifty one and 95/100 Dollars

TO THE ORDER OF:

AFFILIATED ADJUSTMENT GROUP LTD

POLICY NUMBER	MOD	LOSS DATE	AMOUNT
SBP 2149827	15	02/15/17	\$751.95

FOR: BLDG

INSURED/CLAIMANT WILDFLOWER ESTATES CON

CLMT L


AUTHORIZED SIGNATURE
Through Bank of America



NYSCEF DOC. NO. 3
AGENT: MACKOUL & ASSOC INC
25 NASSAU LANE
ISLAND PARK NY 11558

MEMO:

TYPE: LOSS

MAIL WILDFLOWER ESTATES CONDO II
TO C/O METRO MGMT DEVELOPMENT INC
42-25 21ST ST
LONG ISLAND CITY NY 11101-4906

NOTE: PLEASE REMOVE THIS STUB
BEFORE CASHING OR DEPOSITING.

NON-NEGOTIABLE

THE ATTACHED DRAFT IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN BELOW

52-153
112

5239869

MERRIMACK MUTUAL FIRE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS

DATE ISSUED
07/24/17

PAY Nine thousand nine hundred ninety and 13/100 Dollars

TO THE ORDER OF:

WILDFLOWER ESTATES CONDO II

POLICY NUMBER	MOD	LOSS DATE	AMOUNT
SBP 2149827	15	02/15/17	\$9,990.13

FOR: BLDG

INSURED/CLAIMANT WILDFLOWER ESTATES CON

CLMT L


AUTHORIZED SIGNATURE
Through Bank of America



NYSCEF DOC. NO. 9

RECEIVED NYSCEF:

AGENT: MACKOUL & ASSOC INC
25 NASSAU LANE
ISLAND PARK NY 11558

MEMO:

TYPE: LOSS

MAIL CIPCO BOARDING CO INC
TO PO BOX 824

LYNBROOK NY 11563-0824

NOTE: PLEASE REMOVE THIS STUB
BEFORE CASHING OR DEPOSITING.

NON-NEGOTIABLE

THE ATTACHED DRAFT IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN BELOW

52-153
112

5234316

MERRIMACK MUTUAL FIRE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS

DATE ISSUED
06/08/17

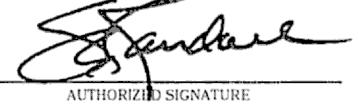
PAY *Three thousand four hundred seven and 79/100 Dollars*

TO THE ORDER OF:

CIPCO BOARDING CO INC

POLICY NUMBER	MOD	LOSS DATE	AMOUNT
SBP 2149827	15	02/15/17	\$3,407.79

FOR: BLDG


AUTHORIZED SIGNATURE
Through Bank of America

INSURED/CLAIMANT WILDFLOWER ESTATES CON

CLMT L



NYSCEF DOC. NO. 9

AGENT: MACKOUL & ASSOC INC

MEMO:

25 NASSAU LANE

ISLAND PARK NY 11558

TYPE: SIGNLOS

MAIL AFFILIATED ADJUSTMENT
TO GROUP LTD
3000 MARCUS AVE STE 3W3
LAKE SUCCESS NY 11042-1009

NOTE: PLEASE REMOVE THIS STUB
BEFORE CASHING OR DEPOSITING.

NON-NEGOTIABLE

THE ATTACHED DRAFT IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN BELOW

52-153
112

5234318

MERRIMACK MUTUAL FIRE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS

DATE ISSUED
06/08/17

PAY *Twelve thousand two hundred thirty one and 69/100 Dollars*

TO THE ORDER OF:

AFFILIATED ADJUSTMENT GROUP LTD

POLICY NUMBER	MOD	LOSS DATE	AMOUNT
SBP 2149827	15	02/15/17	\$12,231.69

FOR: BLDG

AUTHORIZED SIGNATURE
Through Bank of America

INSURED/CLAIMANT WILDFLOWER ESTATES CON

CLMT L



NYSCEF DOC. NO. 3

AGENT: MACKOUL & ASSOC INC

MEMO:

25 NASSAU LANE

ISLAND PARK NY 11558

TYPE: SIGNLOS

MAIL TO WILDFLOWER ESTATES CONDO II
C/O METRO MGMT DEVELOPMENT INC
42-25 21ST ST
LONG ISLAND CITY NY 11101-4906

NOTE: PLEASE REMOVE THIS STUB
BEFORE CASHING OR DEPOSITING.

NON-NEGOTIABLE

THE ATTACHED DRAFT IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN BELOW

52-153
112

5234317

MERRIMACK MUTUAL FIRE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS

DATE ISSUED
06/08/17

PAY One hundred fifty nine thousand ninety eight and 93/100 Dollars

TO THE ORDER OF:

WILDFLOWER ESTATES CONDO II

POLICY NUMBER	MOD	LOSS DATE	AMOUNT
SBP 2149827	15	02/15/17	\$159,098.93

FOR: BLDG

AUTHORIZED SIGNATURE
Through Bank of America

INSURED/CLAIMANT WILDFLOWER ESTATES CON

CLMT L



NYSCEF DOC. NO. 3

RECEIVED NYSCEF: 08/29/2018

AGENT: MACKOUL & ASSOC INC

MEMO:

25 NASSAU LANE

ISLAND PARK NY 11558

TYPE: LOSS

MAIL AFFILIATED ADJUSTMENT
TO GROUP LTD
3000 MARCUS AVE STE 3W3
LAKE SUCCESS NY 11042-1009

NOTE: PLEASE REMOVE THIS STUB
BEFORE CASHING OR DEPOSITING.

NON-NEGOTIABLE

THE ATTACHED DRAFT IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN BELOW

52-153
112

5226165

MERRIMACK MUTUAL FIRE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS

DATE ISSUED
04/10/17

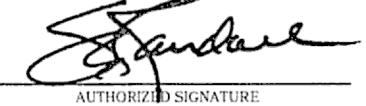
PAY *Three thousand five hundred and 00/100 Dollars*

TO THE ORDER OF:

AFFILIATED ADJUSTMENT GROUP LTD

POLICY NUMBER	MOD	LOSS DATE	AMOUNT
SBP 2149827	15	02/15/17	\$3,500.00

FOR: BLDG


AUTHORIZED SIGNATURE
Through Bank of America

INSURED/CLAIMANT WILDFLOWER ESTATES CON

CLMT L



NYSCEF DOC. NO. 9
AGENT: MACKOUL & ASSOC INC
25 NASSAU LANE
ISLAND PARK NY 11558

MEMO:

TYPE: SIGNLOS

MAIL WILDFLOWER ESTATES CONDO II
TO C/O METRO MGMT DEVELOPMENT INC
42-25 21ST ST
LONG ISLAND CITY NY 11101-4906

NOTE: PLEASE REMOVE THIS STUB
BEFORE CASHING OR DEPOSITING.

NON-NEGOTIABLE

THE ATTACHED DRAFT IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN BELOW

52-153
112

5226088

MERRIMACK MUTUAL FIRE INSURANCE COMPANY
ANDOVER, MASSACHUSETTS

DATE ISSUED
04/10/17

PAY *Forty six thousand five hundred and 00/100 Dollars*

TO THE ORDER OF:

WILDFLOWER ESTATES CONDO II

POLICY NUMBER	MOD	LOSS DATE	AMOUNT
SBP 2149827	15	02/15/17	\$46,500.00

FOR: BLDG

AUTHORIZED SIGNATURE
Through Bank of America

INSURED/CLAIMANT WILDFLOWER ESTATES CON

CLMT L

